

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Martin County Department of Social Services conducted an annual and follow-up survey on April 19-21, 2017.	D 000		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents in the Special Care Unit (SCU) received care and services which were adequate and appropriate, and in conjunction with relevant federal and state laws and rules and regulations by assuring paper towels or cloth towels were on hand at all times for resident use in their bathrooms. The findings are: Observation on 4/19/17 at 11:15 am of the North Hall private bathrooms revealed: - There were no towels in the bathrooms for rooms #55, #59, #60, #61. - There was a package of wet wipes on the sink in room #61. Interview on 4/19/17 at 11:35 am with a resident's Power of Attorney revealed: - There were no paper towels or cloth towels in the bathroom to dry her family member's hands. - There was toilet paper and soap in the	D 338		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 1 bathroom, but no towels. - Housekeeping did not put any towels in the bathroom when cleaning the room. Interview on 4/19/17 at 12:15 pm with a resident revealed: - There were no towels in her bathroom to dry her hands. - The resident had to go down the hall to wash and dry her hands in the community bathroom. - A large container of paper towels hung on the wall beside the sink in the community bathroom. - There were never any towels in her bathroom unless she supplied her own. Observation on 4/21/17 at 11:00 am of the North Hall bathrooms revealed: - There were no towels in the bathrooms for rooms #55, #59, #60, #61. - There was a package of wet wipes on the sink in room #61. - There were no towels in the shared bathroom for rooms #56/#58 Interview on 4/21/17 at 11:05 am with a Personal Care Aide (PCA) revealed: -The PCA had worked for the facility for 1 year. - It was facility practice to keep hand towels in each residents' supply caddy used by the PCAs for personal care. -There were no towels in the residents' bathrooms because the residents would put the towels into the toilets and play in the water. Observation on 4/21/17 at 11:10 am of the shared bathroom for rooms #55/#57 revealed there were no towels available for resident use. Interview on 4/21/17 at 11:15 am with the resident of room #57 revealed:	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 2 - Housekeeping did not put towels in the bathroom. - The resident did not know why hand towels were not put in the bathroom for hand washing, but she would be given some if she asked. - The resident washed her hands in the bathroom, but had to use toilet paper to try to dry her hands. Observation on 4/21/17 at 11:20 am of the shared bathroom for rooms #52/#54 revealed there were no towels available for resident use. Interview on 4/21/17 at 11:25 am with the resident in room #52 revealed: - There were no towels in the bathroom. - The resident did not get towels unless she asked the PCA. Observation on 4/21/17 at 11:30 am of the shared bathroom for rooms #51/#53 revealed there were no towels available. Observation on 4/19/17 at 11:15 am of the South Hall shared residents' bathrooms revealed there were no towels for resident use in the shared bathrooms #48/#49, #46/#47, #44/#45, #42/#43, #40/#41. Observation on 4/21/17 at 11:30 am of the South Hall shared residents' bathrooms revealed there were towels for resident use in the shared bathrooms #48/#49, #46/#47, #44/#45, #42/#43, #40/#41. Observation on 4/21/17 at 11:45 am of resident room #38 revealed there were towels. Observation on 4/21/17 at 11:43 am of resident room #39 revealed there was a used bath towel,	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 3 but no hand towels. Interview on 4/21/17 at 11:33 am with the resident in Rom #50 revealed she used her own individual towel for wiping her hands. Interview on 4/21/17 at 11:48 am with a PCA revealed: - There were no hand towels in the residents' bathrooms as long as she could remember (did not give a date). - The PCAs used towels with baths, but did not leave any hand towels in resident bathrooms. - There were wipes in the resident rooms used to clean the residents. - Residents were taken to the community baths for hand washing, if needed. Interview on 4/21/17 at 11:40 am with the SCU Housekeeper revealed: - Some bathrooms did not have hand towels. - The facility did not place paper towels in residents' bathrooms. - She did not know why paper towels were not to be put in the residents' bathrooms. - There were center pull paper towel holders in each of the 3 community bathrooms in the SCU. - Residents did not ask for paper towels when washing hands. Interview with a Personal Care Aide on 04/21/17 at 12:00 PM revealed: - Housekeeping was responsible for cleaning and stocking all the bathrooms. - Housekeeping kept towels in the bathrooms when they had towels to keep in the bathrooms. - Usually when they ran out of hand towels the Administrator would get more as soon as possible. -The amount of time it took usually varied but it	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 338	Continued From page 4 was never more than a day. - She had not been trained to make sure there were hand towels in each bathroom. Interview on 4/21/17 at 11:50 am with the SCU Supervisor revealed: - Housekeeping was responsible for making sure that the bathrooms had hand towels. - There should be towels hanging in each bathroom for the residents to dry their hands. - The PCAs were responsible for stocking the towels when housekeeping was not available. - There should be a new towel placed in each bathroom every day. - The reason the bathrooms were not always stocked was they run out of towels a lot. - The Administrator was aware of the towel shortage. - When the towels were sent to be washed, they just disappeared. Interview on 4/21/17 at 12:05 pm with the Resident Care Coordinator (RCC) revealed: - Housekeeping was responsible for cleaning and stocking the bathrooms with supplies and hand towels. - The private bathrooms were given a pack of baby wipes for the residents to clean their hands. - The Supervisor was responsible for making sure the bathrooms were stocked. - Staff did not put hand towels or bath towels in the private bathrooms due to residents trying to flush them down the toilets. - The facility had plenty of extra hand towels that were stored in a shed outside and in the Administrators office; the staff just needed to ask for them. Interview on 4/21/17 at 12:20 pm with the Administrator revealed:	D 338			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/21/2017
NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 338	Continued From page 5 - Paper towels were not put in the residents' bathrooms because they were flushed down the toilet. - Disposable hand wipes were available to use to clean residents' hands. - Housekeeping put paper towels in the community bathrooms. - There were no paper towel dispensers in the resident bathrooms. - Cloth hand towels were bought to use in the residents' bathrooms. - There were packages of new hand towels in the office store room. - She would instruct staff to place cloth hand towels in the residents' bathrooms.	D 338			